E:11 :	n thin infam			
Debt		nation to identify your case:		
Debi	OI I	Tammy Marie Walton First Name Middle Name Last Name		
Debt	or 2 se if, filing)	Tommie Earl Walton First Name Middle Name Last Name		
Unite	ed States Ba	nkruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI		
Case (if kno	e number wn)		_	ck if this is an nded filing
				, and the second
Off	icial Fo	rm 106Sum		
		of Your Assets and Liabilities and Certain Statistical Information		12/15
Be as	complete a mation. Fill original for	and accurate as possible. If two married people are filing together, both are equally responsible for out all of your schedules first; then complete the information on this form. If you are filing amend ms, you must fill out a new <i>Summary</i> and check the box at the top of this page. It is a reasonable to the same are a reasonable to		
Tart	i. Cumin	MIZE FOUR ASSES		assets of what you own
1.		VB: Property (Official Form 106A/B) e 55, Total real estate, from Schedule A/B	\$	572,500.00
	1b. Copy lin	e 62, Total personal property, from Schedule A/B	\$	100,631.00
	1c. Copy lin	e 63, Total of all property on Schedule A/B	\$	673,131.00
Part	2: Summ	arize Your Liabilities		
				liabilities Int you owe
2.		: Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	527,347.00
3.		/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) ne total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	158,417.00
	3b. Copy th	ne total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	17,595.18
		Your total liabilities	\$	703,359.18
Part	3: Summ	arize Your Income and Expenses		-
4.		Your Income (Official Form 106I) combined monthly income from line 12 of Schedule I	\$	9,627.58
5.		Your Expenses (Official Form 106J) nonthly expenses from line 22c of <i>Schedule J</i>	\$	1,562.32
Part	4: Answe	er These Questions for Administrative and Statistical Records		
6.	-	ng for bankruptcy under Chapters 7, 11, or 13? but have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other s	chedules.
7.	■ Yes What kind	of debt do you have?		
		lebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for nold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	□ Your o	lebts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and	submit this form to

the court with your other schedules.

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Debtor 1 Debtor 2	Tammy Marie Walton Tommie Earl Walton	Case number (if known)	
	n the Statement of Your Current Monthly Income: Cop N-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li		\$ 11,885.30

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	158,417.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	158,417.00

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	in this inform	otion to identify	very soon and th	io filio						
			your case and th	ıs ıllılı	J .					
Deb	otor 1	Tammy Mar	ie Walton Middle	Name	Last Name					
Deb	otor 2	Tommie Ear								
(Spo	use, if filing)	First Name	Middle	Name	Last Name					
Unit	ed States Bank	kruptcy Court for	the: SOUTHER	N DIST	RICT OF MISSISSIPPI					
Cas	e number									Check if this is an amended filing
		m 106A/E	_							
		A/B: P			only once. If an asset fits in mo					12/15
Answ Part	1: Describe Ea	on. ach Residence, B	uilding, Land, or Otl	ner Rea	his form. On the top of any additing the state You Own or Have an Intellence, building, land, or similar p	rest In	write your i	iame and cas	e nun	nder (II Known).
	No. Go to Part 2									
1.1				Wha	t is the property? Check all that apply	/				
	Street address, if a	gton Court available, or other des	scription		Single-family home Duplex or multi-unit building Condominium or cooperative		the amoun	t of any secure	d clai	or exemptions. Put ms on <i>Schedule D:</i> ecured by <i>Property</i> .
	Ridgeland City	MS State	39157-0000 ZIP Code				Current va entire prop			rrent value of the rtion you own? \$420,000.00
				U Who		Check one	(such as fo			ownership interest by the entireties, or
					,					
	Madison				Debtor 2 only					
	County							c if this is com	mun	ity property
					At least one of the debtors and an r information you wish to add ab erty identification number:		`	structions) ocal		

ebtor 2	Tommie Ea				
.2 If yo	ou own or hav	e more	than one, list h	ere: What is the property? Check all that apply	
	6 N Old Canto address, if available,		cription	■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative	Do not deduct secured claims or exemptions. In the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property.
Can City	iton	MS State	39046-0000 ZIP Code		Current value of the entire property? \$150,000.00 Describe the nature of your ownership inter (such as fee simple, tenancy by the entiretic a life estate), if known.
County	Jison y			Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Other information you wish to add about property identification number:	,
3 808	Du own or hav Blanche Lowe	d Ave	than one, list h	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured claims or exemptions. In the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property.
3 808 Street	Blanche Low	d Ave		What is the property? Check all that apply ■ Single-family home □ Duplex or multi-unit building Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property	Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule
808 Street	Blanche Lowe address, if available,	d Ave or other des	39157-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check the Debtor 1 only	Do not deduct secured claims or exemptions. It the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Properations. Current value of the entire property? \$10,000.00 Describe the nature of your ownership interests.
808 Street Ridg City	Blanche Lowe address, if available, geland	d Ave or other des	39157-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check the property of the property? At least one of the debtors and and other information you wish to add about of the property?	Do not deduct secured claims or exemptions. Ithe amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property: Current value of the entire property? \$10,000.00 Describe the nature of your ownership interestion in the same of the estate, if known. Check one Check if this is community property (see instructions)
808 Street Ridg City	Blanche Lowe address, if available, geland	d Ave or other des	39157-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check the property of the property of the property of the property of the property? All pebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	Do not deduct secured claims or exemptions. I the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property Current value of the entire property? \$10,000.00 \$2,50 Describe the nature of your ownership interestion (such as fee simple, tenancy by the entiretic a life estate), if known. Check if this is community property (see instructions)

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

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ebto		ommie Earl Walton		Case number (if known)	
Car	s, vans,	trucks, tractors, sport utility ve	hicles, motorcycles		
	lo				
■ Y	'es				
3.1	Make:	Infiniti	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:	Q50	■ Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Year:	2021	Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 54353	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	\square At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$26,590.00	\$26,590.0
3.2	Make:	Toyota	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:	Tundra	■ Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Year:	2019	Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 90616	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$31,849.00	\$31,849.0
3.3	Make:	2004 Chevy Impala	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:		Debtor 1 only	Creditors Who Have Clain	
	Year:		Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$1,500.00	\$1,500.0
3.4	Make:	2015 Chevy Impala	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:		Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Year:		Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$3,000.00	\$3,000.0

		ammy Marie Walton ommie Earl Walton	Case number (if known)	
5		ollar value of the portion you own for all of your entries from have attached for Part 2. Write that number here		\$64,439.00
P	art 3: Descril	be Your Personal and Household Items		
		or have any legal or equitable interest in any of the follow	ing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household Examples: ☐ No ☐ Yes. Des	goods and furnishings Major appliances, furniture, linens, china, kitchenware scribe		
		Household Goods		\$2,450.00
7.		Televisions and radios; audio, video, stereo, and digital equip including cell phones, cameras, media players, games	ment; computers, printers, scanners; music o	collections; electronic devices
		Electronics		\$930.00
		Antiques and figurines; paintings, prints, or other artwork; boo other collections, memorabilia, collectibles scribe	,,,	
		Artwork		\$200.00
9.	Examples: \$	for sports and hobbies Sports, photographic, exercise, and other hobby equipment; b musical instruments scribe	picycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10	i. Firearms Examples: ■ No □ Yes. Des	Pistols, rifles, shotguns, ammunition, and related equipment scribe		
11	. Clothes Examples: □ No ■ Yes. Des	Everyday clothes, furs, leather coats, designer wear, shoes, scribe	accessories	
		Clothing		\$2,000.00
12	2. Jewelry Examples: No Yes. Des	Everyday jewelry, costume jewelry, engagement rings, wedd	ding rings, heirloom jewelry, watches, gems, q	gold, silver
		Engagement ring and wedding bands		\$500.00

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Debtor 1 Debtor 2	Tammy Marie V Tommie Earl W			Case numbe	ा (if known)
	arm animals aples: Dogs, cats, bird	ls, hor	ses		
	. Describe				
	Р	ets			\$10.00
■ No	ther personal and h		-	not already list, including any health aids you did	not list
				art 3, including any entries for pages you have att	ached \$6,090.00
Part 4: Do	escribe Your Financial	Asset	s		
Do you o	wn or have any lega	l or e	quitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No		•	•	me, in a safe deposit box, and on hand when you file	your petition
				Cash	\$100.00
Exam	institutions. If y	ou hav		unts; certificates of deposit; shares in credit unions, the same institution, list each. Institution name: Chase	prokerage houses, and other similar \$0.00
		17.2.	Checking	Regions	\$0.00
		17.3.	Savings	Regions	\$0.00
		17.4.	Checking	Bank Plus	\$0.00
		17.5.		PayPal	\$0.00
	·	17.6.		CashApp	\$0.00
		17.7.	Checking	Trustmark	\$2.00

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	ebtor 1 ebtor 2	Tammy Marie Walton Tommie Earl Walton	Case number (if known)
18		s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokerage firms, money mark	et accounts
		Institution or issuer name:	
19		ublicly traded stock and interests in incorporated and unincorporate renture	ed businesses, including an interest in an LLC, partnership, and
		Give specific information about them Name of entity:	% of ownership:
20	Negoti Non-ne	nment and corporate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory regotiable instruments are those you cannot transfer to someone by significant transfer to some one significant transfer to some other transfer transfer to some other transfer to some other transfer	notes, and money orders.
	■ No □ Yes.	Give specific information about them Issuer name:	
21	Examp	ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accou	nts, or other pension or profit-sharing plans
	■ No □ Yes.	List each account separately. Type of account: Institution name:	
22	Your s	ity deposits and prepayments share of all unused deposits you have made so that you may continue se ples: Agreements with landlords, prepaid rent, public utilities (electric, gas	
	☐ Yes.	Institution name or	ndividual:
23	. Annuit ■ No	ties (A contract for a periodic payment of money to you, either for life or for	or a number of years)
	☐ Yes	Issuer name and description.	
24		ts in an education IRA, in an account in a qualified ABLE program, c C. $\S\S 530(b)(1)$, $529A(b)$, and $529(b)(1)$.	or under a qualified state tuition program.
	■ No □ Yes	Institution name and description. Separately file the record	ds of any interests.11 U.S.C. § 521(c):
25	■ No	, equitable or future interests in property (other than anything listed	in line 1), and rights or powers exercisable for your benefit
	☐ Yes.	Give specific information about them	
26		s, copyrights, trademarks, trade secrets, and other intellectual prop ples: Internet domain names, websites, proceeds from royalties and licen	
	_	Give specific information about them	
27		ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association holding	gs, liquor licenses, professional licenses
		Give specific information about them	
M	oney or	property owed to you?	Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 6

claims or exemptions.

Debto	_		Case number (if known)	
	x refunds owed to you			
		hem. including whether you already	y filed the returns and the tax years	
		,	, , , , , , , , , , , , , , , , , , , ,	
				*
		State Tax Refund		\$10,000.00
		Federal Tax Refund		\$10,000.00
		EIC		£40,000,00
		EIC		\$10,000.00
29. F :	mily support			
E	xamples: Past due or lump sum alimo	ny, spousal support, child support,	maintenance, divorce settlement, property	settlement
	No Yes. Give specific information			
	Too. Give speeding information			
	ther amounts someone owes you			
Е	<i>xamples:</i> Unpaid wages, disability ins benefits; unpaid loans you		s, sick pay, vacation pay, workers' compe	nsation, Social Security
=				
	Yes. Give specific information			
	terests in insurance policies	rance: health sovings account (HC	A); credit, homeowner's, or renter's insurar	200
		nance, nealth savings account (no	A), credit, nomeowners, or renters insurar	ice
	Yes. Name the insurance company o			
	Company	name:	Beneficiary:	Surrender or refund value:
	Life Insu	rance - no cash value		\$0.00
	ny interest in property that is due y			
	you are the beneficiary of a living trust omeone has died.	it, expect proceeds from a life insur	rance policy, or are currently entitled to reco	eive property because
=				
	Yes. Give specific information			
	aims against third parties, whether			
E	xamples: Accidents, employment disp	outes, insurance claims, or rights to	sue	
	Yes. Describe each claim			
		aims of every nature including c	ounterclaims of the debtor and rights to	set off claims
J4. U		anns or every nature, merdanig e	ounterclaims of the debtor and rights to	7 Set on claims
	Yes. Describe each claim			
35. A ı	ny financial assets you did not alre	ady list		
	Yes. Give specific information			
36.	Add the dollar value of all of your e	ntries from Part 4, including any	entries for pages you have attached	400 100 00
	or Part 4. Write that number here			\$30,102.00

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Debtor 1 Debtor 2	Tammy Marie Walton Tommie Earl Walton		Case number (if known)	
Part 5: Do	escribe Any Business-Related Property You Own or Have an Inter	est In. List any real est	ate in Part 1.	
37. Do you	own or have any legal or equitable interest in any business-relate	ed property?		
■ No. G	so to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do yo	u own or have any legal or equitable interest in any farm-	or commercial fishing	ng-related property?	
■ No	o. Go to Part 7.			
☐ Ye	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
Exam	u have other property of any kind you did not already list aples: Season tickets, country club membership	?		
■ No				
☐ Yes	. Give specific information			
54. Add	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$572,500.00
	2: Total vehicles, line 5	\$64,439.00	_	40.12,000.00
57. Part	3: Total personal and household items, line 15	\$6,090.00		
	4: Total financial assets, line 36	\$30,102.00		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Tota	Il personal property. Add lines 56 through 61	\$100,631.00	Copy personal property total	\$100,631.00
63. Tota	of all property on Schedule A/B. Add line 55 + line 62			\$673,131.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Tammy Marie Wa	lton		
	First Name	Middle Name	Last Name	
Debtor 2	Tommie Earl Wal	ton		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.						
Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
Copy the value from Schedule A/B	Check only one box for each exemption.					
\$420,000.00	-	Miss. Code Ann. § 85-3-21				
	■ 100% of fair market value, up to any applicable statutory limit					
\$26,590.00	\$0.00	Miss. Code Ann. § 85-3-1(a)				
	☐ 100% of fair market value, up to any applicable statutory limit					
\$31,849.00	\$0.00	Miss. Code Ann. § 85-3-1(a)				
	☐ 100% of fair market value, up to any applicable statutory limit					
\$2,450.00	\$2,450.00	Miss. Code Ann. § 85-3-1(a)				
	☐ 100% of fair market value, up to any applicable statutory limit					
\$930.00	\$930.00	Miss. Code Ann. § 85-3-1(a)				
	\$26,590.00 \$31,849.00	Check only one box for each exemption. Schedule A/B \$420,000.00 100% of fair market value, up to any applicable statutory limit \$26,590.00 100% of fair market value, up to any applicable statutory limit \$31,849.00 100% of fair market value, up to any applicable statutory limit \$2,450.00 100% of fair market value, up to any applicable statutory limit \$2,450.00 100% of fair market value, up to any applicable statutory limit				

Debto				Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	edule A/B that lists this property portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	Artwork ine from Schedule A/B: 8.1	\$200.00		\$200.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
	Clothing ine from Schedule A/B: 11.1	\$2,000.00	■	\$2,000.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
	Engagement ring and wedding bands ine from Schedule A/B: 12.1	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
_	Pets ine from Schedule A/B: 13.1	\$10.00		\$10.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
_	Cash ine from <i>Schedule A/B</i> : 16.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
_	State Tax Refund ine from <i>Schedule A/B</i> : 28.1	\$10,000.00	■	\$10,000.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(k)
	Federal Tax Refund ine from Schedule A/B: 28.2	\$10,000.00		\$10,000.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(j)
_	EIC ine from Schedule A/B: 28.3	\$10,000.00		\$10,000.00 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(i)
	Are you claiming a homestead exemption of Subject to adjustment on 4/01/28 and every 3 No Yes. Did you acquire the property covere No Yes	Byears after that for ca	ises fi	·	

E'' '-	this informati						
FIII IN	this information	on to identify you	r case:				
Debto		Гатту Marie W					
		First Name	Middle Name	Last Name			
Debto		Tommie Earl Wa					
(Spouse	e if, filing) F	First Name	Middle Name	Last Name			
United	d States Bankru	ptcy Court for the:	SOUTHERN DISTRICT OF MIS	SSISSIPPI			
Case	number						
(if know						☐ Check	if this is an
						amen	ded filing
							
Offic	ial Form 1	06D					
Sch	edule D	Creditors	Who Have Claims	Secure	d by Propert	V	12/15
<u> </u>	cadic b.	Or Curtor 3	Wild Have Glaims	Jecui e	a by 1 Topert	<u>, </u>	12/10
is need			If two married people are filing togethout, number the entries, and attach it				
	,	e claims secured by	vour property?				
_		-		a a b a dula a V	ou hous nothing also t	a ranget on this form	
_	-		nis form to the court with your other	scriedules. 10	ou have nothing else t	o report on this form.	
-	Yes. Fill in all	of the information	below.				
Part 1	List All Se	ecured Claims					
2. List	all secured clair	ms. If a creditor has r	more than one secured claim, list the cre	editor separately	Column A	Column B	Column C
			a particular claim, list the other creditors		Amount of claim Do not deduct the	Value of collateral	Unsecured
IIIucii a	as possible, list tri	e ciairiis iii aipriabetii	cal order according to the creditor's harm	ie.	value of collateral.	that supports this claim	portion If any
2.1	Capital One A	Auto	Describe the property that secures t	the claim:	\$27,907.00	\$26,590.00	\$1,317.00
(Creditor's Name		2021 Infiniti Q50 54353 miles	S			
	Attn: Bankru	. ,	As of the date you file, the claim is:	Check all that			
-	7933 Preston		apply.	Check all that			
	Plano, TX 750	024	☐ Contingent				
١	Number, Street, City,	, State & Zip Code	☐ Unliquidated				
			☐ Disputed				
Who c	owes the debt?	Check one.	Nature of lien. Check all that apply.				
Deb	btor 1 only		An agreement you made (such as r	mortgage or sec	cured		
☐ Deb	btor 2 only		car loan)				
☐ Del	btor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At I	east one of the de	ebtors and another	☐ Judgment lien from a lawsuit				
	eck if this claim mmunity debt	relates to a	☐ Other (including a right to offset)				
		Opened					
		Opened 10/21 Last					
		A ativa					

Date debt was incurred 2/13/25

1001

Last 4 digits of account number

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Debtor 1	Tammy M			Case number (if known)					
	First Name	Middle Na	ame Last Name						
Debtor 2	Tommie E	arl Walton							
	First Name	Middle Na	ame Last Name						
2.2 Inte	ernal Rever	nue Servi	Describe the property that secures the claim	\$27,752.00	\$420,000.00	\$0.00			
Credi	itor's Name		623 Kinsington Court Ridgeland, M	IS					
Cer	ntralized Ins	solvency	39157 Madison County						
P.O	D. Box 7346	-	As of the data was file the plain in a						
Phi	iladelphia, I	PA	As of the date you file, the claim is: Check all t apply.	hat					
191	01-7346		Contingent						
Numb	ber, Street, City, S	State & Zip Code	☐ Unliquidated						
			☐ Disputed						
Who owe	s the debt? C	check one.	Nature of lien. Check all that apply.						
☐ Debtor	1 only		☐ An agreement you made (such as mortgage	or secured					
☐ Debtor	2 only		car loan)						
	1 and Debtor 2	2 only	Statutory lien (such as tax lien, mechanic's li	en)					
		otors and another	☐ Judgment lien from a lawsuit	31.)					
_	if this claim re		☐ Other (including a right to offset)						
	nunity debt	siates to a	— Citier (including a right to onset)						
Data daht	was incurred		Last 4 digits of account number						
Date debt	was incurred		Last 4 digits of account number						
23 Ror	nublic Fina	nce	Describe the property that secures the claim	• \$3,072,00	\$1 500 00	\$1 572 00			
	public Fina	nce	Describe the property that secures the claim	: \$3,072.00	\$1,500.00	\$1,572.00			
		nce	Describe the property that secures the claim Household Goods	: \$3,072.00 _	\$1,500.00	\$1,572.00			
Credi	itor's Name		Household Goods		\$1,500.00	\$1,572.00			
Credi	itor's Name n: Bankrup	tcy	Household Goods As of the date you file, the claim is: Check all t		\$1,500.00	\$1,572.00			
Credi	itor's Name n: Bankrup 81 Commerc	tcy ce Circle	Household Goods As of the date you file, the claim is: Check all tapply.		\$1,500.00	\$1,572.00			
Credi Attı 703 Bat	n: Bankrup 31 Commer ion Rouge,	tcy ce Circle LA 70809	Household Goods As of the date you file, the claim is: Check all tapply. Contingent		\$1,500.00	\$1,572.00			
Credi Attı 703 Bat	itor's Name n: Bankrup 81 Commerc	tcy ce Circle LA 70809	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated		\$1,500.00	\$1,572.00			
Attı 703 Bat	n: Bankrup 81 Commerci ton Rouge, ber, Street, City, S	tcy ce Circle LA 70809 State & Zip Code	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed		\$1,500.00	\$1,572.00			
Attu 703 Bat Numb	itor's Name n: Bankrup st Commerce ton Rouge, ber, Street, City, S st the debt? C	tcy ce Circle LA 70809 State & Zip Code	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	hat	\$1,500.00	\$1,572.00			
Attu 703 Bat Numb Who owe Debtor	n: Bankrup 81 Commer ton Rouge, ber, Street, City, S s the debt? C	tcy ce Circle LA 70809 State & Zip Code	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage	hat	\$1,500.00	\$1,572.00			
Attu 703 Bat Numt Who owe Debtor Debtor	n: Bankrup 81 Commerce on Rouge, ber, Street, City, S s the debt? C 1 only 2 only	tcy ce Circle LA 70809 State & Zip Code	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan)	or secured	\$1,500.00	\$1,572.00			
Atti 703 Bat Numt Who owe Debtor Debtor Debtor	n: Bankrup 31 Commerce ton Rouge, ber, Street, City, S s the debt? C 1 only 2 only 1 and Debtor 2	tcy ce Circle LA 70809 State & Zip Code Check one.	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien)	or secured	\$1,500.00	\$1,572.00			
Atti 703 Bat Numt Who owe Debtor Debtor Debtor	n: Bankrup 31 Commerce ton Rouge, ber, Street, City, S s the debt? C 1 only 2 only 1 and Debtor 2	tcy ce Circle LA 70809 State & Zip Code	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	or secured	\$1,500.00	\$1,572.00			
Atti 703 Bat Numt Who owe Debtor Debtor Debtor At least Check	n: Bankrup 31 Commerce ton Rouge, ber, Street, City, S s the debt? C 1 only 2 only 1 and Debtor 2	tcy ce Circle LA 70809 State & Zip Code Check one.	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien)	or secured	\$1,500.00	\$1,572.00			
Atti 703 Bat Numt Who owe Debtor Debtor Debtor At least Check	n: Bankrup B1 Commerce ton Rouge, ber, Street, City, S s the debt? C 1 only 2 only 1 and Debtor 2 t one of the debt if this claim re	tcy ce Circle LA 70809 State & Zip Code Check one.	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	or secured	\$1,500.00	\$1,572.00			
Atti 703 Bat Numt Who owe Debtor Debtor Debtor At least Check	n: Bankrup B1 Commerce ton Rouge, ber, Street, City, S s the debt? C 1 only 2 only 1 and Debtor 2 t one of the debt if this claim re	tcy ce Circle LA 70809 State & Zip Code Check one.	Household Goods As of the date you file, the claim is: Check all tapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	or secured	\$1,500.00	\$1,572.00			

Debtor 1 Tammy Marie Walton		Cas	e number (if known)		
First Name Middle Na	ame Last Name	-			
Debtor 2 Tommie Earl Walton					
First Name Middle Na	ame Last Name	_			
2.4 Select Portfolio	Describe the property that secures the	he claim:	\$382,905.00	\$420,000.00	\$0.00
Creditor's Name	623 Kinsington Court Ridgel 39157 Madison County	and, MS			
Attn: Bankruptcy Po Box 65250	As of the date you file, the claim is: (apply.	Check all that			
Salt Lake City, UT 84165	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as n car loan)	nortgage or secure	d		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	•	Mortgage			
Date debt was incurred 01/25	Last 4 digits of account numb				
2.5 Selene Finance	Describe the property that secures the		\$45,536.00	\$150,000.00	\$0.00
Creditor's Name	1126 N Old Canton Rd Canto 39046 Madison County	on, MS			
Attn: Bankruptcy Po Box 8619 Philadelphia, PA 19101	As of the date you file, the claim is: (apply.	Check all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as n car loan)	nortgage or secure	d		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	<u> </u>	Non-Principa	<u> </u>		
Opened 06/06 Last Active Date debt was incurred 3/21/25	Last 4 digits of account numb	_{oer} 6447			

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Debtor 1 Ta	ammy Ma	rie Walton			Case r	number (if known)		
	st Name	Middle N	ame	Last Name				
Debtor 2 To	ommie Ea	rl Walton						
Firs	st Name	Middle N	ame	Last Name				
Shado	wood-We	endover					•	
HOA				e property that secures the		\$1,639.00	\$420,000.00	\$0.00
Creditor's	Name			ington Court Ridgelan adison County	d, MS			
	32024 od, MS 39	-	As of the da apply.	ate you file, the claim is: Che	ck all that			
Number, S	Street, City, Sta	ate & Zip Code	Unliquida					
	, - , ,		Disputed					
Who owes th	ne debt? Ch	eck one.		ien. Check all that apply.				
Debtor 1 or	nlv		☐ An agree	ement you made (such as mor	taage or secured			
Debtor 2 or	•		car loan		3.3.			
Debtor 1 ar	-	only	☐ Statutory	lien (such as tax lien, mechar	nic's lien)			
☐ At least one	e of the debto	ors and another	Judgmer	nt lien from a lawsuit				
☐ Check if the community		ates to a	Other (in	cluding a right to offset)				
Date debt was	s incurred		Last	4 digits of account number				
			_					
	Loan			e property that secures the		\$3,460.00	\$1,500.00	\$1,960.00
Creditor's	Name		2005 Joh	n Deere 42' riding mo	wer			
Δttn· F	Bankrupto	-v						
	x 320001	-y		ate you file, the claim is: Che	ck all that			
	od, MS 39	9232	apply.	ant .				
	Street, City, Sta		Unliquidated					
rambor, v	Olloot, Oity, Ole	no a zip oodo	Disputed					
Who owes th	ne debt? Ch	eck one.		ien. Check all that apply.				
Debtor 1 or	nly			ement you made (such as mor	tgage or secured			
Debtor 2 or	nlv		car loan	n)				
Debtor 1 ar	-	only	☐ Statutory	lien (such as tax lien, mechar	nic's lien)			
		ors and another		nt lien from a lawsuit	,			
Check if this claim relates to a community debt			cluding a right to offset)					
		Opened						
		5/03/24						
Date debt was		Last Active 3/10/25	Last	4 digits of account number	2244			
	_							

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Debtor 1 Tammy Marie Walton		Case number (if known)				
First Name Middle Na	ame Last Name	_				
Debtor 2 Tommie Earl Walton						
First Name Middle Na	ame Last Name					
UDO F I OU		405.070.00	004.040.00	40.007.00		
2.8 UPS Employees CU	Describe the property that secures the claim:	\$35,076.00	\$31,849.00	\$3,227.00		
Creditor's Name	2019 Toyota Tundra 90616 miles					
Attas Bandanintas						
Attn: Bankruptcy 1814 E. Brooks R.	As of the date you file, the claim is: Check all that					
Memohis, TN 38116	apply.					
	Contingent					
Number, Street, City, State & Zip Code	Unliquidated					
	☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only	An agreement you made (such as mortgage or	secured				
Debtor 2 only	car loan)					
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a	☐ Other (including a right to offset)					
community debt	, , ,					
Opened						
5/20/22						
Last Active	Last 4 digits of account number 000	12				
Date debt was incurred 3/27/25	Last 4 digits of account number					
		4505 0 45 0				
-	folumn A on this page. Write that number here:	\$527,347.00	<u>)</u>			
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$527,347.00)			
Part 2: List Others to Be Notified fo	or a Debt That You Already Listed					
	e notified about your bankruptcy for a debt that y	you alroady listed in Part 1. For	ovample if a collection	n agoney is		
	we to someone else, list the creditor in Part 1, an					
	t you listed in Part 1, list the additional creditors	here. If you do not have addition	nal persons to be noti	fied for any		
debts in Part 1, do not fill out or submit th	iis page.					
[] Name, Number, Street, City, State &	2. Zin Codo					
Wilkinson Law Firm	v Zip Code On v	which line in Part 1 did you enter t	he creditor? 2.3			
TTIINIII SOII LAW I IIIII						
51 Keywood Circle	Lac	t 4 digits of account number				

				ı	
Fill in this infor	mation to identify your case:				
Debtor 1	Tammy Marie Walton				
		ddle Name Last Name			
Debtor 2	Tommie Earl Walton				
(Spouse if, filing)	First Name Mi	ddle Name Last Name			
United States B	ankruptcy Court for the: SOUTH	HERN DISTRICT OF MISSISSIPPI			
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
~ <i>(</i> : =	1005/5				
Official For					
Schedule I	E/F: Creditors Who Ha	ave Unsecured Claims			12/15
Schedule D: Credi	itors Who Have Claims Secured by P ntinuation Page to this page. If you h	es (Official Form 106G). Do not include any cre roperty. If more space is needed, copy the Par nave no information to report in a Part, do not	t you need, fill it out,	number the entries i	n the boxes on the
Part 1: List A	All of Your PRIORITY Unsecured	Claims			
1. Do any credit	tors have priority unsecured claims a	against you?			
☐ No. Go to	Part 2.				
Yes.					
identify what t possible, list the	ype of claim it is. If a claim has both price	itor has more than one priority unsecured claim, li ority and nonpriority amounts, list that claim here a ig to the creditor's name. If you have more than tw iim, list the other creditors in Part 3.	and show both priority a	and nonpriority amoun	ts. As much as
(For an explar	nation of each type of claim, see the ins	tructions for this form in the instruction booklet.)			
			Total claim	Priority amount	Nonpriority amount
2.1 Interna	al Revenue Servi	Last 4 digits of account number	\$158,417.00	\$158,417.00	\$0.00
Priority C	reditor's Name				
Centra	lized Insolvency	When was the debt incurred?		=	
_	ox 7346				
	elphia, PA 19101-7346 Street City State Zip Code	As of the date you file, the claim is: Check	all that apply		
	ed the debt? Check one.	<u> </u>	ан шасарру		
Debtor 1		☐ Contingent			
_	•	☐ Unliquidated			
☐ Debtor 2	only	☐ Disputed			
Debtor 1	and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least of	one of the debtors and another	☐ Domestic support obligations			
☐ Check if	this claim is for a community debt	Taxes and certain other debts you owe the	government		
Is the claim	subject to offset?	☐ Claims for death or personal injury while yo			
■ No		Other. Specify			
☐ Yes		Internal Revenue S	Service		

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	r 1 Tammy Marie Walton			
Debto	T2 Tommie Earl Walton		Case number (if known)	
2.2	MS Dept of Revenue	Last 4 digits of account number	\$0.00	\$0.00 \$0.00
	Priority Creditor's Name			
	Bankruptcy Section PO Box 22808	When was the debt incurred?		
	Jackson, MS 39225-2808			
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
V	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Domestic support obligations		
	☐ Check if this claim is for a community debt	Taxes and certain other debts you	owe the government	
	s the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated	
	No	Other. Specify		
	Yes	Notice only		
4. Lis	Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other rt 2.	aim. For each claim listed, identify what t	ype of claim it is. Do not list claims already in	ncluded in Part 1. If more ne Continuation Page of
				Total claim
4.1	Capital One	Last 4 digits of account number	3281	\$3,181.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/14 Last Active 01/25	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	• •	
	55	- Other Specify	-	<u> </u>

	Tammy Marie Walton Tommie Earl Walton		Case number (if known)				
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6677	\$2,237.00			
	Po Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Opened 03/19 Last Active 01/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:				
	Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No □ Yes	Debts to pension or profit-sharin					
	☐ Yes	Other. Specify Credit Card					
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	3107	\$2,067.00			
	Po Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Opened 05/15 Last Active 3/19/25				
	Number Street City State Zip Code Who incurred the debt? Check one.	Code As of the date you file, the claim is: Check all that apply					
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	0495	\$1,163.00			
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 02/21 Last Active 02/25				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa					
	No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts					
	■ No □ Yes	Other. Specify Credit Card					
	□ 153	Other. Specify	1				

	r 1 Tammy Marie Walton r 2 Tommie Earl Walton		Case number (if kno	own)	
4.5	Comenity Name in the Condition In Name	Last 4 digits of account number	2592		\$1,268.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 45318 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 12/21 03/25 is: Check all that appl		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other sir	milar debts	
	Yes	Other. Specify Charge Acc	count		
4.6	Elite PT	Last 4 digits of account number			\$51.60
	Nonpriority Creditor's Name 1645 W Government St Brandon, MS 39042	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that appl	ly	
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other sir	milar debts	
	Yes	Other. Specify			
4.7	Fox Collection Center	Last 4 digits of account number			\$84.60
	P.O. Box 528 Goodlettsvill, TN 37070	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that appl	ly	
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or o	divorce that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharin	ig plans, and other sir	milar debts	
	☐ Yes	Other, Specify			

	r 1 Tammy Marie Walton r 2 Tommie Earl Walton		Case number (if known)	
4.8	Mariner Finance	Last 4 digits of account number		\$734.00
	Nonpriority Creditor's Name Attn: Bankruptcy 8211 Town Center Dr Nottingham, MD 21236	When was the debt incurred?	Opened 01/22 Last Active 3/18/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.9	Midland Credit Mgmt Nonpriority Creditor's Name	Last 4 digits of account number	5596	\$1,952.00
	Attn: Bankruptcy Po Box 939069 San Diego, CA 92193	When was the debt incurred?	Opened 05/24 Last Active 09/23	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	• •	
	Yes	■ Other. Specify Factoring (Company Account Citibank N.A.	
4.1 0	MS Urology Clinic	Last 4 digits of account number		\$588.24
	Nonpriority Creditor's Name PO Box 116663 Atlanta, GA 30368	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	g plans, and other similar debts	
	☐ Yes	Other Specify		

	Tammy Marie Walton Tommie Earl Walton	Case number (if known)	
4.1	Prudential	Last 4 digits of account number	\$244.60
	Nonpriority Creditor's Name PO Box 7390 Philadelphia, PA 19176	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Radiological Group	Last 4 digits of account number	\$111.21
	Nonpriority Creditor's Name		
	P.O. Box 2989 Jackson, MS 39207	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.1	Shadow Property Owners	Last 4 digits of account number	\$3,000.00
	Nonpriority Creditor's Name P.O. Box 320248	When was the debt incurred?	
	Flowood, MS 39232 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the diamnis. Officer all that apply	
	☐ Debtor 1 only	П с	
	Debtor 2 only	☐ Contingent	
	<u> </u>	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	00	— Other, Specify	

	r 1 Tammy Marie Walton r 2 Tommie Earl Walton		Case number (if kno	own)	
4.1	Synchrony Bank	Last 4 digits of account number	7043		\$348.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Last Active		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	ly	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured Student loans	d claim:		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	· ·	•	
	■ No □ Yes	☐ Debts to pension or profit-sharing Charge According Charge According Charge According Charge According Charge According Charge According Charge C		milar debts	
4.1	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	0689	_	\$344.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 12/21 01/25	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	ly	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc	•	milar debts	
		— Other. Specify			
4.1 6	Total Pain Care Nonpriority Creditor's Name	Last 4 digits of account number			\$220.93
	PO BOX 649113 Dallas, TX 75264	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	ly	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	g plans, and other sir	nilar debts	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Tammy Marie Walton Debtor 2 Tommie Earl Walton	Case number (if known) s that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be
notified for any debts in Parts 1 or 2, do not fill Name and Address Internal Revenue Servi c/o US Attorney 501 East Court St Ste 4.430 Jackson, MS 39201	
Name and Address US Attorney General US Dept of Justice 950 Pennsylvania AveNW Washington, DC 20530-0001	Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.1 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 158,417.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 158,417.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		0.00
	J	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 17,595.18
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 17,595.18

Fill in this infor					
Debtor 1	Tammy Marie Wa	lton			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number _				☐ Check if this is amended filing	an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Oldic	Zii Gode	
0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

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Fill in thi	s information to identify your	case:			
Debtor 1	Tammy Marie Wa	ilton			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f	Tommie Earl Wal	Middle Name	Last Name		
	ates Bankruptcy Court for the:	SOUTHERN DISTRICT			
Case nur (if known)	mber				☐ Check if this is an
					amended filing
Officia	al Form 106H				
	dule H: Your Cod	ebtors			12/15
ill it out, our nam		boxes on the left. Attack . Answer every question	n the Additional Page .	to this page. On the to	eeded, copy the Additional Page, o of any Additional Pages, write
■ No					
2 14/	ithin the loot 8 years, have ye	. lived in a semmunity n		m.2 (Community management	
	ithin the last 8 years, have you ona, California, Idaho, Louisiana				
■ No	o. Go to line 3.				
	es. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in lin Form	e 2 again as a codebtor only	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre	
				Check all schedule	editor to whom you owe the debt es that apply:
3.1					es that apply:
3.1	Name			Check all schedule	es that apply:
3.1	Name			Check all schedule Schedule D, lin	es that apply: e ine
3.1	Number Street	Chain	7ID Code	Check all schedule ☐ Schedule D, lin ☐ Schedule E/F, I	es that apply: e ine
3.1		State	ZIP Code	Check all schedule ☐ Schedule D, lin ☐ Schedule E/F, I	es that apply: e ine
	Number Street	State	ZIP Code	Check all schedule Schedule D, lin Schedule E/F, I Schedule G, lin	es that apply: e ine e
3.1	Number Street	State	ZIP Code	Check all schedule ☐ Schedule D, lin ☐ Schedule E/F, I	es that apply: e ine e e
	Number Street City	State	ZIP Code	Check all schedule Schedule D, lin Schedule E/F, I Schedule G, lin Schedule D, lin	es that apply: e ine e e ine
	Number Street City	State	ZIP Code	Check all schedule Schedule D, lin Schedule E/F, I Schedule G, lin Schedule D, lin Schedule E/F, I	es that apply: e ine e e ine

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill in this information	on to identify your case:	
Debtor 1	Tammy Marie Walton	_
Debtor 2 (Spouse, if filing)	Tommie Earl Walton	
United States Bank	ruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official For	m 106l	13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Registered Nurse	
	Include part-time, seasonal, or self-employed work.	Employer's name	Fresenius Medical Group	_
	Occupation may include student or homemaker, if it applies.	Employer's address	5722 Hwy 55 N Jackson, MS 39211	
		How long employed the	nere? 4 Months	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 8,266.29 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 8,266.29 0.00

Schedule I: Your Income Official Form 106I page 1

Copy line 4 here 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		Cas	e number (if k	know	n) .			
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		Fo	or Debtor 1			For Debtor		
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	4.	\$	8,26	6.2	9	\$	0.00	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		-	,			_		-
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.								
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5a.		2,06	6.5	7_	\$	0.00	_
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5b.			0.0		\$	0.00	_
5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5c.			0.0	0	\$	0.00	_
5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5d.	٠.		0.0		\$	0.00	-
5g. Union dues 5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5e.			5.9		\$	0.00	_
5h. Other deductions. Specify: Life LTD STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5f.	\$		0.0		\$	0.00	-
STD 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5g.	-		0.0		\$	0.00	_
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	5h.				0 -		0.00	_
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		\$ \$		0.3		\$	0.00	-
		٠.		3.2	_	· 	0.00	-
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	6.	\$ _	2,25		_	\$	0.00	-
	7.	\$	6,00	8.5	7	\$	0.00	_
List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	\$		0 0	•	¢	0.00	
monthly net income. 8b. Interest and dividends	8a. 8b.			0.0 0.0		\$	0.00	_
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				0.0	_	\$	0.00	-
8d. Unemployment compensation	8d.	\$		0.0	0	\$	0.00	-
8e. Social Security	8e.	\$		0.0	0	\$	0.00	-
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$		0.0	0	\$	0.00	-
8g. Pension or retirement income	8g.	\$		0.0	0	\$ 3	,619.01	_
8h. Other monthly income. Specify:	8h.	+ \$		0.0	0 -	+ \$	0.00	-
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_		0.0	0	\$	3,619.0	1
10. Calculate monthly income. Add line 7 + line 9.	10.	 \$	6,008.57]_[\$	3,619.01	= \$	9,627.58
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		0,000.37	┪ •	Ψ_	3,013.01		3,027.30
1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Coapplies							\$	9,627.58
13. Do you expect an increase or decrease within the year after you file this fo							Combi monthl	nea y income
■ No. Yes. Explain: Co-debtor is seeking employment and is expense. Co-debtor is seeking employment and is expense.	orm?							

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Tammy Marie	e Walton			Che	eck if this is:	
Dob	tor 2						An amended filing	•
	ouse, if filing)	Tommie Earl	waiton					owing postpetition chapter of the following date:
Unit	ed States Bankr	uptcy Court for the:	: SOUTH	ERN DISTRICT OF MISS	ISSIPPI		MM / DD / YYYY	
Cas	e number							
(If kı	nown)							
Of	fficial Fo	rm 106J				•		
		J: Your I	Expen	ses				12/1
Be a	as complete a	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Par 1.	t 1: Descr Is this a join	ibe Your House	hold					
١.	□ No. Go to							
	_	s Debtor 2 live i	in a separa	ate household?				
	■ No	_	st file Officia	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						_ □ Yes □ No
								☐ Yes
							_	_ □ No
								_ □ Yes □ No
								☐ Yes
3.	expenses of	enses include f people other th d your depende	han $_{\square}$	No Yes				-
Par	t 2. Estim	ate Your Ongoi	na Monthi	v Expenses				
Est exp	imate your ex	penses as of yo	our bankru	iptcy filing date unless y				napter 13 case to report of the form and fill in the
the		n assistance and		government assistance i luded it on <i>Schedule I:</i> \			Your ex	penses
(011		01.)				_		
4.		or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	\$	0.00
		maintenance, re owner's associat		pkeep expenses Iominium dues		4c. 4d.	·	0.00
5.				our residence, such as ho	me equity loans	5.		0.00

ebtor 1	-	Marie Walton			
ebtor 2	Tommie	Earl Walton	Case num	ber (if known)	
Utili	ities:				
6a.		heat, natural gas	6a.	\$	325.00
6b.		ver, garbage collection	6b.	\$	80.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	120.00
6d.	•		6d.	\$	0.00
		ekeeping supplies	7.	\$	100.00
		hildren's education costs	8.	\$	0.00
Clo	thing, laund	ry, and dry cleaning	9.	\$	0.00
	•	roducts and services	10.	\$	0.00
	•	ntal expenses	11.	\$	0.00
		Include gas, maintenance, bus or train fare.		,	
	not include ca		12.	\$	75.00
. Ent	ertainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Cha	aritable cont	ributions and religious donations	14.	\$	0.00
. Insu	urance.				
		surance deducted from your pay or included in lines 4 or 20.			
	. Life insura		15a.	·	83.07
	. Health insi		15b.	· : ———	400.00
15c	. Vehicle ins	surance	15c.	\$	346.91
		rance. Specify:	15d.	\$	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.			
		egistration	16.	\$	12.34
		ease payments:		_	
		ents for Vehicle 1	17a.	·	0.00
		ents for Vehicle 2	17b.	·	0.00
	. Other. Spe		17c.	\$	0.00
	l. Other. Spe	·		\$	0.00
		of alimony, maintenance, and support that you did not report a		¢	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 10.	\$	
	ecify:	s you make to support others who do not live with you.	19.	Φ	0.00
	,	erty expenses not included in lines 4 or 5 of this form or on Sch		our Incomo	
		on other property	20a.		0.00
	. Real estat		20b.	·	0.00
20c		nomeowner's, or renter's insurance	20c.	· : ———	0.00
		ce, repair, and upkeep expenses	20d.	·	0.00
		er's association or condominium dues		·	0.00
	er: Specify:		21.	·	
. Ош	er. Specify.	Pet Care		-Ψ	20.00
. Cal	culate your r	nonthly expenses			
22a	. Add lines 4	through 21.		\$	1,562.32
22b	. Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	1,562.32
		, , ,		· —	-,
	•	monthly net income.		•	<u> </u>
		12 (your combined monthly income) from Schedule I.	23a.		9,627.58
23b	. Copy your	monthly expenses from line 22c above.	23b.	-\$	1,562.32
00 -	Cubinani	our monthly oversee from your monthly in a			
23C		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	8,065.26
	rne result	is your monthly net income.	200.		-,
l. Do	vou expect a	an increase or decrease in your expenses within the year after y	ou file this	form?	
For	example, do yo	u expect to finish paying for your car loan within the year or do you expect you			or decrease because of a
mod	lification to the	terms of your mortgage?			
	No.				
	Yes.	Explain here:			

Fill in this infor	mation to identify your	case:		
Debtor 1	Tammy Marie Wa	lton		
	First Name	Middle Name	Last Name	_
Debtor 2	Tommie Earl Wal			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Forr		n Individual	Debtor's Schedule	PS 12/15
years, or both. 1	y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below		cruptcy case can result in fines up to	\$250,000, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankruptcy fo	rms?
■ No				
☐ Yes. I	Name of person			ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with this de	eclaration and
X /s/ Tan	nmy Marie Walton		X /s/ Tommie Earl Walto	n
	y Marie Walton		Tommie Earl Walton	••
	re of Debtor 1		Signature of Debtor 2	
Date	May 29 2025		Date May 29 2025	

Fill in	this inform	nation to identify you	r case:						
Debto	or 1	Tammy Marie W	alton						
5		First Name	Middle Name	Last Name					
Debto (Spouse	or 2 e if, filing)	Tommie Earl Wa	Middle Name	Last Name					
United	d States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT C	OF MISSISSIPPI					
Case	number								
(if know					_	heck if this is an mended filing			
Ott:	sial Fa	rm 107							
		rm 107 of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/25			
					equally responsible for suppy additional pages, write you				
numb	er (if know	n). Answer every ques	stion.						
Part 1	Give I	Details About Your Ma	rital Status and Where You	Lived Before					
1. W	/hat is you	r current marital statu	s?						
	■ Married ■ Not ma								
2. D	ouring the last 3 years, have you lived anywhere other than where you live now?								
_	•		·	•					
	NoYes. List all of the places you lived in the last 3 years. Do not include where you live now.								
I	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory co, Texas, Washington and W				
	No								
	Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).					
Part 2	Expla	in the Sources of You	r Income						
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		dar years?			
] No								
	Yes. Fil	I in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$27,530.00	☐ Wages, commissions, bonuses, tips	\$0.00			
			☐ Operating a business		☐ Operating a business				

Official Form 107

		mmie Earl Walto		Case number (if known)					
			Debtor 1			Debtor 2			
			Sources of in Check all that		Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)	
	last calen nuary 1 to	dar year: December 31, 202	■ Wages, co bonuses, tips	mmissions, \$53,897.00		■ Wages, complete bonuses, tips	■ Wages, commissions, bonuses, tips \$13,0		
			☐ Operating	a business		☐ Operating a b	ousiness		
		dar year before tha December 31, 202		mmissions,	\$57,760.00	■ Wages, components	missions,	\$73,857.00	
			☐ Operating	a business		☐ Operating a b	ousiness		
	List each		s income from each s	•	ou received together, list	e that you listed in line			
			Debtor 1 Sources of in Describe below		Gross income from each source (before deductions and	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)	
Fro	m January	/ 1 of current year	until		exclusions) \$0.00) Retirement In	come	\$14,476.00	
		iled for bankruptc			40.0 0			ψ14,47 0.00	
	last calen nuary 1 to	dar year: December 31, 202	4)		\$0.00	Retirement In	come	\$13,000.00	
		dar year before tha December 31, 202			\$0.00) Pension		\$55,338.00	
Par	t 3: List	: Certain Payments	s You Made Before Y	ou Filed for E	Bankruptcy				
6.	Are either ☐ No.	Neither Debtor 1	ntor 2's debts primai nor Debtor 2 has pri ofor a personal, famil	imarily consu	mer debts. Consumer de	bts are defined in 11	U.S.C. § 10	01(8) as "incurred by an	
		□ No. Go to	s before you filed for l line 7.	bankruptcy, dic	d you pay any creditor a to	otal of \$8,575* or mor	e?		
		paid the not inc	nat creditor. Do not in clude payments to an	clude payment attorney for th	d a total of \$8,575* or more ts for domestic support of is bankruptcy case. after that for cases filed	oligations, such as chi	ild support a	and alimony. Also, do	
	Yes.	Debtor 1 or Debto	or 2 or both have pri	imarily consu			•		
		□ No. Go to	line 7.						
		Yes List be included	elow each creditor to	stic support ob	d a total of \$600 or more a digations, such as child so				
	Creditor'	s Name and Addre	ess Da	tes of paymer	nt Total amount	Amount you still owe	Was this	payment for	

Debtor 2 Tommie Earl Walto	on	Case number (if known)					
Creditor's Name and Addre	ess	Dates of payment	Total amount paid	Amount you still owe	Was this p	payment for	
Only regular installmen	t payments.		\$0.00	\$0.00	☐ Mortga@☐ Car☐ Credit (☐ Loan R☐ Supplie☐ Other_	Card epayment rs or vendors	
Within 1 year before you file Insiders include your relatives of which you are an officer, di a business you operate as a salimony.	s; any general par rector, person in	rtners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which g g securities; and	ou are a gene any managing	ral partner; corporation agent, including one	
■ No □ Yes. List all payments to	an insider.						
Insider's Name and Addres	SS	Dates of payment	Total amount paid	Amount you still owe	Reason fo	r this payment	
■ No □ Yes. List all payments to Insider's Name and Addres		Dates of payment	Total amount paid	Amount you still owe		or this payment editor's name	
Within 1 year before you file List all such matters, including modifications, and contract di No Yes. Fill in the details.	ed for bankrupto g personal injury	y, were you a party in a					
Case title Case number		Nature of the case	Court or agency		Status of	the case	
	Shadwood Poperty Owners Associat vs TAMMY WALTON		MADISON CIRCUIT COUR - CANTON		■ Pendin □ On app □ Conclu	peal	
					3000		
Tammie Walton v Methodist Rehabilitation	n Center	Workers Compensation			☐ Pendin☐ On app☐ Conclu	peal	
. Within 1 year before you file Check all that apply and fill in \(\square\$ No. Go to line 11.			erty repossessed, f	foreclosed, garn	ished, attacho	ed, seized, or levied	
Yes. Fill in the information							
Creditor Name and Addres	S	Describe the Property		Dat	е	Value of th proper	
		Explain what happene	4				

Del	otor 2 Tommie Earl Walton		Case nu	mber (if known)					
	Creditor Name and Address	D	escribe the Property	Date	Value of the property				
		E	xplain what happened		1 11 3				
	Shadow Property Owners P.O. Box 320248	W	/ages	2025	\$3,000.00				
	Flowood, MS 39232		Property was repossessed.						
			Property was foreclosed.						
			Property was garnished.						
			Property was attached, seized or levied.						
	MS Dept of Revenue Bankruptcy Section	R	egions checking account	03/10/25	\$16,216.46				
	PO Box 22808		Property was repossessed.						
	Jackson, MS 39225-2808		Property was foreclosed.						
		L	Property was garnished.						
			Property was attached, seized or levied.						
	California	V	/ages	2024	\$18,000.00				
			Property was repossessed.						
			Property was foreclosed.						
			Property was garnished.						
			Property was attached, seized or levied.						
	accounts or refuse to make a payment because No Yes. Fill in the details.								
	Creditor Name and Address	D	escribe the action the creditor took	Date action was taken	Amount				
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?								
	No								
	☐ Yes								
Pai	tt 5: List Certain Gifts and Contribution	ons							
13.	Within 2 years before you filed for bank	kruptcy,	did you give any gifts with a total value of m	nore than \$600 per person	1?				
	No No								
	Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift an Address:	d							
14.		kruptcy,	did you give any gifts or contributions with	a total value of more than	\$600 to any charity?				
	No								
	Yes. Fill in the details for each gift or								
	Gifts or contributions to charities that total more than \$600 Charity's Name		Describe what you contributed	Dates you contributed	Value				
	Address (Number, Street, City, State and ZIP Co	de)							

Debtor 1 Tammy Marie Walton

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	btor 2 Tommie Earl Walton	Case number (if known)				
Par	rt 6: List Certain Losses					
	Within 1 year before you filed for bankru or gambling?	uptcy o	since you filed for bankruptcy, did yo	ou lose anytl	ning because of the	t, fire, other disaster,
	□ No ■ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Includ	ibe any insurance coverage for the lose the amount that insurance has paid. Lise the claims on line 33 of Schedule A/B: P	st pending	Date of your loss	Value of property lost
	Gambling	none		roporty.	last 12 months	\$60,000.00
Par	rt 7: List Certain Payments or Transfer	's				
16.	Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details.	prepari	ng a bankruptcy petition?			rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment
	The Rollins Law Firm, PLLC P.O. Box 13767 Jackson, MS 39236 trollins@therollinsfirm.com		Filing fee, attorney fee, credit report and credit counseling		4/7/2025	\$1,500.00
17.	Within 1 year before you filed for bankrupromised to help you deal with your creed on not include any payment or transfer that the last of	ditors o	or to make payments to your creditors		r transfer any prope	rty to anyone who
	Person Who Was Paid Address		Description and value of any proper transferred	rty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have all No Yes. Fill in the details.	ur busi i s made	ness or financial affairs? as security (such as the granting of a sec			
	Person Who Received Transfer Address		Description and value of property transferred		nny property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for ban beneficiary? (These are often called asse			lf-settled tru	st or similar device	of which you are a
	Yes. Fill in the details. Name of trust		Description and value of the proper	ty transform	ad	Date Transfer was
	Hame of trust		bescription and value of the proper	ty transierit	, u	made

	btor 1 btor 2	Tammy Marie Walton Tommie Earl Walton	Case number (if known)				
Pa	rt 8:	List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and S	torage Un	its	
20.	sold, Include house	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, es, pension funds, cooperatives, asso	or other financial accou	ınts; certificate:	s of depos	•	•
	Nam	e of Financial Institution and ess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depositor cash, or other valuables?						sitory for securities,	
	_	lo ′es. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?
	Ban	k Plus			papers		□ No ■ Yes
22.	Have	you stored property in a storage unit	or place other than you	r home within 1	year befo	ore you filed for bankrup	tcy?
	_	lo ′es. Fill in the details.					
		e of Storage Facility less (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.	for so	ou hold or control any property that so omeone.	meone else owns? Incl	lude any propei	ty you bo	rrowed from, are storing	for, or hold in trust
		es. Fill in the details.					
		er's Name ess (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	e the property	Value
Pa	rt 10:	Give Details About Environmental Inf	ormation				
For	the pu	rpose of Part 10, the following definiti	ons apply:				
		onmental law means any federal, state substances, wastes, or material into t	-		• .		

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

	otor 1 otor 2	Tammy Marie Walton Tommie Earl Walton		Cas	se number (if known)		
24.	Has	any governmental unit notified you that	you may be liable or potentially liable	und	ler or in violation of an environme	ental law?	
	_	No Yes. Fill in the details.					
	Nan	ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
25.	Have	e you notified any governmental unit of a	any release of hazardous material?				
		No Yes. Fill in the details.					
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
26.	26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
		No Yes. Fill in the details.					
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case	
Par	t 11:	Give Details About Your Business or C	Connections to Any Business				
27.	With	in 4 years before you filed for bankrupto	cy, did you own a business or have an	y of	the following connections to any	business?	
		☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	eith	er full-time or part-time		
		☐ A member of a limited liability compa	any (LLC) or limited liability partnersh	ip (L	LP)		
		☐ A partner in a partnership					
		☐ An officer, director, or managing exe	ecutive of a corporation				
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation				
		No. None of the above applies. Go to P	art 12.				
		Yes. Check all that apply above and fill	in the details below for each business	S.			
		siness Name Iress	Describe the nature of the business		Employer Identification number Do not include Social Security in		
	(Num	nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed		
28.		in 2 years before you filed for bankrupto tutions, creditors, or other parties.	cy, did you give a financial statement t	to an	nyone about your business? Inclu	de all financial	
	_	No					
	Nan	Yes. Fill in the details below. ne Iress	Date Issued				
		ness ber, Street, City, State and ZIP Code)					

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Debtor 1	Tammy Marie Walton			
Debtor 2	Tommie Earl Walton			Case number (if known)
Part 12:	Sign Below			
are true a with a ba		atement	, concealing property,	nd I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection 0 years, or both.
/s/ Tam	my Marie Walton	/s/ To	mmie Earl Walton	
Tammy	Marie Walton	Tommie Earl Walton		
Signatur	e of Debtor 1	Signat	ture of Debtor 2	
Date N	lay 29, 2025	Date	May 29, 2025	
Did you a	ttach additional pages to Your Statement of Fi	nancial /	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you p	pay or agree to pay someone who is not an atto	rney to I	help you fill out bankr	uptcy forms?
■ No				
_	ame of Person . Attach the Bankruptcy Pet	ition Pre	parer's Notice, Declarat	ion, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Tammy Marie Walton						
Debtor 2 Tommie Earl Walton (Spouse, if filing)							
United States B	ankruptcy Court for the:	Southern District of Mississippi					
Case number (if known)							

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					
☐ Check if this is an amended filing						

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11.

■ Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

s	pouses own the same rental property, put the income from that	property	in one col	umn only. If you h	ave no	thing to report for	any line	, write \$0 in the s
					Colui Debt	mn A or 1	Debt	mn B or 2 or filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and c	ommissio	ons (before all	\$	8,266.29	\$	0.00
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	0.00
4.	All amounts from any source which are regularly portion of you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3.	t. Includ	de regulai depende	contributions nts, parents,	\$	0.00	\$	0.00
5.	Net income from operating a business, profession, or farm	Debto	r 1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	0.00
6.	Net income from rental and other real property	Debto	r 1					
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	- \$ _	0.00					
	Net monthly income from rental or other real property	\$_	0.00	Copy here ->	\$	0.00	\$	0.00

or 1 or 2	Tammy Marie Walton Tommie Earl Walton			Case n	umber (<i>if know</i>	<i>n</i>)		
				Colum Debto		Column Debtor 2 non-filin		
Int	erest, dividends, and royalties			\$	0.00	\$	0.00	
	employment compensation			\$	0.00	-	0.00	
	not enter the amount if you content e Social Security Act. Instead, list it I		d was a benefit un	der				
	For you	\$	0.00					
	For your spouse	\$	0.00					
be no Un dis pa do	nsion or retirement income. Do nefit under the Social Security Act. Include any compensation, pension ited States Government in connectionability, or death of a member of the paid under chapter 61 of title 10, the sound income the sound of the amount of retired etired under any provision of title 10.	Also, except as stated in to pay, annuity, or alloward on with a disability, combuniformed services. If you hen include that pay only pay to which you would or	he next sentence, nce paid by the at-related injury or u received any reti to the extent that i otherwise be entitle	red t	0.00	D \$	3,619.01	
rec do Un dis	not include any benefits received userved as a victim of a war crime, a emestic terrorism; or compensation, lited States Government in connectivability, or death of a member of the surces on a separate page and put the	crime against humanity, or consion, pay, annuity, or con with a disability, combuniformed services. If ne	r international or allowance paid by at-related injury or		0.00	o \$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate	pages, if any.		+ \$	0.00	\$	0.00	
	Iculate your total average monthlich column. Then add the total for Co			8,266.2	29 + \$	3,619.01	= \$1	1,885.30
2:	Determine How to Measure Y	our Deductions from In	come					ll average thly income
	py your total average monthly include the marital adjustment. C	*********					. \$1	1,885.30
	You are not married. Fill in 0 belo							
	You are married and your spouse	e is filing with you. Fill in 0	below.					
	You are married and your spouse Fill in the amount of the income li dependents, such as payment of Below, specify the basis for exclu adjustments on a separate page. If this adjustment does not apply,	sted in line 11, Column B the spouse's tax liability or ding this income and the	or the spouse's sup amount of income	port of som	eone other	than you or y	our depende	nts.
			\$					
			+\$					
	Total		\$		0.00	Copy here=>		0.0
Υ	our current monthly income. Sub	otract line 13 from line 12.					\$ 1	1,885.30
	our current monthly income. Sub						\$1	1,885.30

Debtor 1 Debtor 2

Debtor 1 Debtor 2		ammy Marie Walton ommie Earl Walton		Case number (if known)	
		Multiply line 15a by 12 (the number of months in a	ı year).		x 12
1	5b.	The result is your current monthly income for the y	ear for this part of	the form.	\$ 142,623.60
16. C a	alcu	ate the median family income that applies to yo	u. Follow these ste	eps:	
16	a. F	II in the state in which you live.	MS		
16	b. F	II in the number of people in your household.	2		
16	Т	Il in the median family income for your state and size find a list of applicable median income amounts, structions for this form. This list may also be availa	go online using the		\$64,928.00_
17. Hc	ow c	o the lines compare?			
17	a.	☐ Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO			
17	b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 abo	ation of Your Disp		
Part 3:		Calculate Your Commitment Period Under 11 U.	.S.C. § 1325(b)(4)		
18. C c	ру	our total average monthly income from line 11	•		\$ 11,885.30
co sp 19	nter ous a. If	t the marital adjustment if it applies. If you are med that calculating the commitment period under 11 s's income, copy the amount from line 13. the marital adjustment does not apply, fill in 0 on linustract line 19a from line 18.	U.S.C. § 1325(b)(4		-\$
20. C a	alcu	ate your current monthly income for the year. F	Follow these steps:		
20	a. C	opy line 19b			\$11,885.30_
	M	ultiply by 12 (the number of months in a year).			x 12
20	b. T	ne result is your current monthly income for the yea	ar for this part of the	e form	\$ 142,623.60
20	c. C	opy the median family income for your state and si.	ze of household fro	om line 16c	\$64,928.00
21	. н	ow do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the co	urt, on the top of page 1 of this form, che	ck box 3, The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise order	ed by the court, on the top of page 1 of the	nis form, check box 4, The
Part 4:	, sia	Sign Below ning here, under penalty of perjury I declare that the	e information on thi	s statement and in anv attachments is tru	ue and correct.
	·	ammy Marie Walton		/s/ Tommie Earl Walton	
		my Marie Walton	^	Tommie Earl Walton	
		ture of Debtor 1		Signature of Debtor 2	
Da		May 29, 2025		Date May 29, 2025	
lf v		MM / DD / YYYY checked 17a, do NOT fill out or file Form 122C-2.		MM/DD/YYYY	

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Debtor 1	Tammy Marie Walton		
Debtor 2	Tommie Earl Walton	Case number (if known)	
If yo	ou checked 17b, fill out Form 122C-2 and file it with this form. On line	e 39 of that form, copy your current m	onthly income from line 14 above.

Fill in this information to identify your case:	
Debtor 1 Tammy Marie Walton	
Debtor 2	
United States Bankruptcy Court for the: Southern District of Mississippi	
Case number(if known)	☐ Check if this is an amended filing
Official Form 122C-2 Chapter 13 Calculation of Your Disposable II	ncome 04/25
To fill out this form, you will need your completed copy of <i>Chapter 13 Stateme</i> Commitment Period (Official Form 122C-1).	ent of Your Current Monthly Income and Calculation of
Be as complete and accurate as possible. If two married people are filing toge space is needed, attach a separate sheet to this form, Include the line number additional pages, write your name and case number (if known).	
Part 1: Calculate Your Deductions from Your Income	
The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the information may also be available at the bankruptcy clerk's office.	
Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating expenses if they are higher than the standards. Do not include any operating expenses if they are higher than the standards.	penses that you subtracted from income in lines 5 and 6 of Form
If your expenses differ from month to month, enter the average expense.	
Note: Line numbers 1-4 are not used in this form. These numbers apply to inform	nation required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions from inco	me
Fill in the number of people who could be claimed as exemptions on your feplus the number of any additional dependents whom you support. This number of people in your household.	
National Standards You must use the IRS National Standards to answ	ver the questions in lines 6-7.
6. Food, clothing, and other items: Using the number of people you entered Standards, fill in the dollar amount for food, clothing, and other items.	I in line 5 and the IRS National \$
7. Out-of-pocket health care allowance: Using the number of people you en the dollar amount for out-of-pocket health care. The number of people is speople who are 65 or olderbecause older people have a higher IRS allow higher than this IRS amount, you may deduct the additional amount on line	lit into two categoriespeople who are under 65 and ance for health car costs. If your actual expenses are

Official Form 122C-2

				Case number (if known)
ple v	who are under 65 years of age			
7a.	Out-of-pocket health care allowance per person	\$_	84	
7b.	Number of people who are under 65	x _	2	
7c.	Subtotal. Multiply line 7a by line 7b.	\$_	168.00	Copy here=> \$168.00
ple v	who are 65 years of age or older			
7d.	Out-of-pocket health care allowance per person	\$	149	
7e.	Number of people who are 65 or older	X	0	
7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00	Copy here=> \$
7g.	Total. Add line 7c and line 7f		\$	168.00 Copy total here=> \$ 168.00
			_	
al St	andards You must use the IRS Local Standards t	o answ	er the questions i	in lines 8-15.
		gram h	as divided the IF	RS Local Standard for housing for
•		ıses		
arate	instructions for this form. This chart may also be	oe avai	lable at the bank	ruptcy clerk's office.
Hou	using and utilities - Mortgage or rent expenses:			
9a.			e dollar amount	\$1,553.00_
9b.	Total average monthly payment for all mortgages a	and oth	er debts secured	by your home.
	Name of the creditor			у
			\$ 562.	71
	Internal Revenue Servi		·	
	Internal Revenue Servi Select Portfolio		\$ 2,697.	
			· ———	Copy Repeat this amount
9c.	Select Portfolio		\$ 2,697.	Copy Repeat this amount
9c.	Select Portfolio 9b. Total average monthly payment	nt [\$ 2,697. \$ 3,260.	Copy Repeat this amount
If yo	Select Portfolio 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from the second s	nt rom line ter \$0.	\$ 2,697. \$ 3,260. e 9a (mortgage	Copy here=> -\$ 3,260.64 Repeat this amount on line 33a. Copy here=> \$ 0.00 Copy here=> \$ 0.00
	pple v 7a. 7b. 7c. 7d. 7e. 7f. 7g. al St sed ookrup Hous answarate Hous Hous Hous answarate Hous 9a.	Tommie Earl Walton 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 7d. Out-of-pocket health care allowance per person 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. 7g. Total. Add line 7c and line 7f all Standards You must use the IRS Local Standards to the company of the co	Tommie Earl Walton 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 7c. Subtotal. Multiply line 7a by line 7b. 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. 7g. Total. Add line 7c and line 7f all Standards You must use the IRS Local Standards to answer the questions in the IRS, the U.S. Trustee Program Parkruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses answer the questions in lines 8-9, use the U.S. Trustee Program Housing and utilities - Insurance and operating expenses in the dollar amount listed for your county for insurance and operating and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the listed for your county for mortgage or rent expenses: 9b. Total average monthly payment for all mortgages and oth To calculate the total average monthly payment, add all a contractually due to each secured creditor in the 60 mont for bankruptcy. Next divide by 60. Name of the creditor	pple who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$ 84 7b. Number of people who are under 65 X 2 7c. Subtotal. Multiply line 7a by line 7b. \$ 168.00 pple who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$ 149 7e. Number of people who are 65 or older X 0 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 7g. Total. Add line 7c and line 7f \$ 0.00 7g. Total. Add line 7c and line 7f \$ 0.00 sed on information from the IRS, the U.S. Trustee Program has divided the Ifficulty purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Insurance and operating expenses: Using the number in the dollar amount listed for your county for insurance and operating expenses: Using the number in the dollar amount listed for your county for mortgage or rent expenses. 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgages and other debts secured To calculate the total average monthly payment for all mortgages and other debts secured To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthl payment

Debtor 1 Debtor 2	Tammy Marie Walton Tommie Earl Walton		Ca	se numbe	er (<i>if known</i>)		
11.	Local transportation expenses: Check the number of vehic	cles for which you	claim an	owners	ship or operating	g expense.	
	□ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for						562.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Vel	Describe Vehicle 1: 2021 Infiniti Q50 54353	miles					
13a.	Ownership or leasing costs using IRS Local Standard			\$	662.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.						
	Name of each creditor for Vehicle 1	Average month payment	ly				
	Capital One Auto	\$ 564	.96				
	Total Average Monthly Payment	\$ 564	00	Copy nere =>	-\$564	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$0	, enter \$0		\$	97.04	Copy net Vehicle 1 expense here => \$	97.04
Vel	Describe Vehicle 2: 2019 Toyota Tundra 90	616 miles					
	Ownership or leasing costs using IRS Local Standard			\$	662.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include co	sts for				
	Name of each creditor for Vehicle 2	Average month payment	ly				
	UPS Employees CU	\$ 676	.70				
	Total average monthly payment	\$ 676	70 F	Copy nere => -\$	676.7	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense					Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0		\$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v					n the	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in what claim more than the IRS Local Standard for Public Transport	hat you believe is					0.00

Tommie Earl Walton Debtor 2 Case number (if known) **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 2.066.57 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4,985.61 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 5.96 Disability insurance 103.59 Health savings account 0.00 109.55 Total 109.55 Copy total here=> Do you actually spend this total amount? П No. How much do you actually spend? 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

Tammy Marie Walton

Debtor 1

Debtor 1 Debtor 2	Tammy Marie Walton Tommie Earl Walton	Case nu	umber (if known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance ar	nd operating e	expenses	on		
	If you believe that you have home energy c 8, then fill in the excess amount of home en	osts that are more than the home energy costs in ergy costs.	included in exp	oenses or	n line		
	You must give your case trustee documenta amount claimed is reasonable and necessa	ation of your actual expenses, and you must sho	ow that the add	ditional		\$	0.00
		ren who are younger than 18. The monthly expendent children who are younger than 18 years					
	You must give your case trustee documenta claimed is reasonable and necessary and n	ation of your actual expenses, and you must exp ot already accounted for in lines 6-23.	olain why the a	mount			
	* Subject to adjustment on 4/01/28, and eve	ery 3 years after that for cases begun on or after	the date of ac	djustment		\$	0.00
	O. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
		ional allowance, go online using the link specified to be available at the bankruptcy clerk's office.	ed in the separ	ate			
	You must show that the additional amount o	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the nization. 11 U.S.C. § 548(d)(3) and (4).	ne form of cash	n or finan	cial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	32. Add all of the additional expense deductions. Add lines 25 through 31.					109.55	
					L		
lo T	pans, and other secured debt, fill in lines	ent, add all amounts that are contractually due to				_	monthly
220	Cany line Oh hara			_		aymen	
33a.					=> \$		3,260.64
	Loans on your first two vehicles						
33b.	Copy line 13b here				=> \$		564.96
33c.	Copy line 13e here				=> \$		676.70
33d.	List other secured debts						
Name	e of each creditor for other secured debt	Identify property that secures the debt	inclu	s paymer ide taxes surance?			
		1126 N Old Canton Rd Canton, MS 390	0046	No			
	Selene Finance	Madison County	—	Yes	\$		967.51
				No			
	Tower Loan	2005 John Deere 42' riding mower		Yes	\$		31.87
				No			
				Yes	+\$		
33e.	Total average monthly payment. Add lines	33a through 33d \$	5,50°	1 68 t	Copy total here=>	\$	5,501.68

Debtor 2 Tommie E	arie Walton arl Walton			Cas	se num	nber (<i>if known</i>)			
		e 33 secured by your prima ur support or the support o			e,				
□ No. Go to	line 35.								
■ Yes. State listed	any amount that you in line 33, to keep po	must pay to a creditor, in add ssession of your property (ca n the information below.							
Name of the creditor	r	Identify property that secure	es the debt		Tota	al cure amount		Monthly amount	cure
Select Portfolio		623 Kinsington Court 39157 Madison Coun		nd, MS	;	8,100.00	÷ 60 = \$		135.00
				\$			÷ 60 = \$		
				\$;		÷ 60 = +\$;	
				Total	\$	135.00	Copy total here=	> \$	135.00
		uch as a priority tax, child s			hat				
_ •	_	your bankruptcy case? 11	U.S.C. § 5	507.					
_	line 36.	ll af the are moderate colletons. De-	a a Charalanda						
		Il of these priority claims. Do ch as those you listed in line		e current or					
Total	l amount of all past-d	ue priority claims			\$_	158,417.00	÷ 60	\$	2,640.28
36. Projected mont	thly Chapter 13 plar	payment			\$_	9,335.81	_		
Office of the Uni the Executive Of To find a list of dis	ted States Courts (for ffice for United States trict multipliers that inclu	stated on the list issued by the districts in Alabama and No Trustees (for all other districtes your district, go online using may also be available at the bar	orth Carolin cts). the link spe	a) or by	x _	10.00			
Average monthly	y administrative expe	nse			\$	933.58	Copy tot here=>		933.58
37. Add all of the	deductions for deb	t payment. Add lines 33e thr	ough 36.					\$	9,210.54
Total Deductions f	rom Income								
38. Add all of the a	llowed deductions.								
Copy line 24, A expense allows	All of the expenses al	lowed under IRS	\$	4,985.61	1				
Copy line 32, A	All of the additional ex	pense deductions	\$	109.55	5				
Copy line 37, A	All of the deductions t	or debt payment	+\$	9,210.54	4				
Total deduction	าร		\$	14,305.70	0_	Copy total here=>	•	\$	14,305.70

y your total currement of Your (n any reasonab dren. The month bility payments for	r Disposable Income Under 11 U.S.C. § 132 rent monthly income from line 14 of Form 1 Current Monthly Income and Calculation of ly necessary income you receive for support	122C-1,						
ement of Your (n any reasonab dren. The month bility payments for	Current Monthly Income and Calculation of ly necessary income you receive for suppo		Chapter 13					
dren. The month oility payments fo			itment Period	1 .			\$	11,885.30
ssary to be expe	y average of any child support payments, fost or a dependent child, reported in Part I of Forn ce with applicable nonbankruptcy law to the e ended for such child.	ter care n 122C-	payments, or 1, that you		\$	(0.00	
loyer withheld fro	etirement deductions. The monthly total of a m wages as contributions for qualified retirem (7) plus all required repayments of loans from § 362(b)(19).	nent plar	ns, as specifie	d	\$	(0.00	
l of all deductio	ns allowed under 11 U.S.C. § 707(b)(2)(A).	Copy lin	e 38 here	=>	\$	14,305	5.70	
enses and you ha expenses. You r	ive no reasonable alternative, describe the sp nust give your case trustee a detailed explana	eciál cir	cumstances a	nd				
e the special cir	cumstances	Α	mount of exp	ens	e			
		\$_						
		\$_			_			
		\$						
	Total	\$	0.00			\$	0.00	<u>)</u>
l adjustments.	Add lines 40 through 43		=>	\$_	1	4,305.70	Copy here=>	-\$ 14,305.70
Change in Income of	ome or Expenses or expenses. If the income in Form 122C-1 or	the exp	enses you		39.		\$_	-2,420.40
bankruptcy petit w. For example, C-1 in the first col	on and during the time your case will be oper if the wages reported increased after you filed umn, enter line 2 in the second column, expla	n, fill in th I your peain why t	ne information etition, check he wages					
Line	Reason for change		Date of chang	е			Amoun	nt of change
1 2 1 2 1 2 1 1						Decrease Increase Decrease Increase	\$ \$	
	I adjustments. A ulate your mont Change in Income of ted in this form I bankruptcy petitiv. For example, in the first collassed, fill in when leading to the leading to t	Total I adjustments. Add lines 40 through 43 Line in income or expenses. If the income in Form 122C-1 or ted in this form have changed or are virtually certain to change bankruptcy petition and during the time your case will be oper w. For example, if the wages reported increased after you fill in when the increase occurred, and fill in the amount in the mount in the amount in the first column, explained in the first column, enter line 2 in the second column, explained in the mount in the mou	I of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy linitation for special circumstances. If special circumstances justify adness and you have no reasonable alternative, describe the special circumstances and documentation for the expenses. I the special circumstances A Total Total I adjustments. Add lines 40 through 43 Line mincome or expenses. If the income in Form 122C-1 or the expense in this form have changed or are virtually certain to change after the bankruptcy petition and during the time your case will be open, fill in the first column, enter line 2 in the second column, explain why to ased, fill in when the increase occurred, and fill in the amount of the income in Reason for change	Total deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here intention for special circumstances. If special circumstances justify additional inses and you have no reasonable alternative, describe the special circumstances a expenses. You must give your case trustee a detailed explanation of the special imstances and documentation for the expenses. Amount of expenses in the special circumstances in the special circumstances are the special circumstances. Total \$ 0.00 I adjustments. Add lines 40 through 43 ==> Unlate your monthly disposable income under § 1325(b)(2). Subtract line 44 from the income or expenses. If the income in Form 122C-1 or the expenses you ted in this form have changed or are virtually certain to change after the date you file bankruptcy petition and during the time your case will be open, fill in the information w. For example, if the wages reported increased after you filed your petition, check 2-1 in the first column, enter line 2 in the second column, explain why the wages ased, fill in when the increase occurred, and fill in the amount of the increase. Line Reason for change Date of change in the second column in the increase of the second column in the increase.	Total deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	totall deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here suction for special circumstances. If special circumstances justify additional inses and you have no reasonable alternative, describe the special circumstances and expenses. You must give your case trustee a detailed explanation of the special imstances and documentation for the expenses. Amount of expense	to fall deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 14,305 Incident 14,30	Interest of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 14,305.70

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Debtor 1 Debtor 2			Case number (if known)
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare /s/ Tammy Marie Walton		on this statement and in any attachments is true and correct. /s/ Tommie Earl Walton
	Tammy Marie Walton Signature of Debtor 1		Tommie Earl Walton Signature of Debtor 2
Date	May 29, 2025 MM / DD / YYYY	Date	May 29, 2025 MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

In	re	Tammy Marie Walton Tommie Earl Walton		Case No.	
		Tommie Earl Walton	Debtor(s)	Chapter	13
		DISCLOSURE OF CO	MPENSATION OF ATTO	RNEY FOR DE	BTOR(S)
1.	con	rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. Impensation paid to me within one year before rendered on behalf of the debtor(s) in contempt	the filing of the petition in bankruptcy.	, or agreed to be paid	to me, for services rendered or to
		FLAT FEE			
		For legal services, I have agreed to accept		\$	
		Prior to the filing of this statement I have re	ceived	\$	
		Balance Due		\$	
		RETAINER			
		For legal services, I have agreed to accept a			1,500.00
		The undersigned shall bill against the retain [Or attach firm hourly rate schedule.] Debte fees and expenses exceeding the amount of	or(s) have agreed to pay all Court appre	\$oved	360.00
2.	The	e source of the compensation paid to me was:			
		■ Debtor □ Other (specify):			
3.	The	e source of compensation to be paid to me is:			
		■ Debtor □ Other (specify):			
4.		I have not agreed to share the above-disclose	d compensation with any other person	unless they are memb	pers and associates of my law firm
		I have agreed to share the above-disclosed cocopy of the agreement, together with a list of			
5.	In	return for the above-disclosed fee, I have agree	ed to render legal service for all aspec	ts of the bankruptcy ca	ase, including:
	b. c.	Analysis of the debtor's financial situation, an Preparation and filing of any petition, schedu Representation of the debtor at the meeting of [Other provisions as needed] Negotiations with secured creditor reaffirmation agreements and app 522(f)(2)(A) for avoidance of liens	les, statement of affairs and plan which f creditors and confirmation hearing, a prs to reduce to market value; ex- plications as needed; preparation	n may be required; nd any adjourned hear emption planning;	rings thereof;

By agreement with the debtor(s), the above-disclosed fee does not include the following service: 6.

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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In re	Tammy Marie Walton Tommie Earl Walton			
		Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

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	CERTIFICATION				
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in his bankruptcy proceeding.					
May 29, 2025 <i>Date</i>	/s/ Thomas C. Rollins, Jr. Thomas C. Rollins, Jr. 103469 Signature of Attorney The Rollins Law Firm, PLLC				
	P.O. Box 13767 Jackson, MS 39236 601-500-5533 Fax: 600-500-5296 trollins@therollinsfirm.com Name of law firm				